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Please complete in typescript, or in bold black capitals.

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Resignation of director or secretary

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Resignation form	Date of resignation Resignation as director	Day 30	Month O 9 as secr	Year 96 retary			nark the appr frector and se			
	NAME *Style / Title					*Hono	urs etc			
Please insert details as previously notified to Companies Hous	Forename(s)	MARTIN CHARLES								
	Surname	MURRAY.								
		Day	Month	Year						
	†Date of Birth ation is other than ation, please state reason	13	04	55						
		A servi	ng direct	or, sec	retary	etc mu	st sign th			
* Voluntary details. † Directors only.	Signed	(by a serv	ing director /	secretary.	/ admini	strator / ad	Date		0 OCT	
Please give th telephone numb					-	The Se	ecreta	riat		
a DX number the person Comp	Har					Hanso	nson PLC Grosvenor Place			
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	Registr	ou have oar of Com	panies	ed and at:	d signed	tine form	pleāšė s	end it to to		

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for companies registered in Scotland

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